

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **503**

1. PLACE OF DEATH:

County **Kent**
 City or town **Rock Hall**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Life**
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State **Maryland** County **Kent**
 City or town **Rock Hall**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Susanna M. Baker

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **widow**
 6.(b) Name of husband or wife **James F. Baker**
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) **March 23, 1898**
 8. AGE: Years **70** Months **8** Days **19** It less than one day hrs. min.

9. Birthplace **Rock Hall, Kent Co. Md.**
 (Town, county, and state)

10. Usual occupation **housewife**

11. Industry or business

12. Name **Lucien Thomas**

13. Birthplace **Maryland**

14. Maiden name **Mary B. Rickus**

15. Birthplace **Germany**

16. Informant **Mrs. Kenneth Wood**

Address **Rock Hall 2nd**

17. **Burial** Date thereon **Dec 15/48**
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory **Wesley Chapel**

Location **Rock Hall Md.**

18. Funeral director **J. Willie Wells**

Address **Prestutown Md.**

19. **12/13** 19 **48** **S. Elwood Burgess**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **Dec. 12** 19 **48** at **9 P.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Dec. 12** 19 **48**

and that I last saw **her** alive on **December 12** 19 **48**

Immediate cause of death **Acute Myocarditis**

Due to **cardiac hypertrophy**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **James Smith**

Address **Prestutown Md.** Date signed **12/13/48**

M. D. or other

Address **Prestutown Md.** Date signed **12/13/48**

MARGIN RESERVED FOR BINDING

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12589

Reg. Dist. No. 204

1. PLACE OF DEATH:

County Kent
 City or town Chestertown- Fairlee
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Kent
 City or town Fairlee
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William H. Barnes

3. (b) Social Security Number

no

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Della L. Barnes
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Jan. 19, 1871
 8. AGE: Years 77 Months 10 Days 13 if less than one day _____ hrs. _____ min.

9. Birthplace Kent Co. Maryland
 (Town, county, and state)
 10. Usual occupation farmer
 11. Industry or business _____

12. Name James W. Barnes
 13. Birthplace unknown
 14. Maiden name Mary Swift
 15. Birthplace unknown

16. Informant Mrs. Wm. H. Barnes
Fairlee, Md.
 Address _____

17. Burial Date thereof Dec. 4, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Chester Cem.
Chestertown, Md.
 Location _____

18. Funeral director J. Willis Wells
Chestertown, Md.
 Address _____

19. Dec 4 1948 F O Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1948 at 5 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from birth 1948 to Dec 2 1948
 and that I last saw him alive on Dec 2 1948
 Immediate cause of death _____

Duration month
 Cause of the above myocardial infarction only
 Due to _____
 Due to _____
 Other conditions Myocardial to Abdominal
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE James W. Smith M. D. or other
Chestertown Address _____ Date signed 12/4/48

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DEC 7 1948

BUREAU V. S.

Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93c

12590

FILM No. G 118 DEC 15 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Chestertown RS md
City or town Chertown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Bessie Beck

7. Birth date of
deceased (mo., day, yr.)

Feb. 4, 1948

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

It less than one day

hrs.

min.

10. Usual occupation

Construction

11. Industry or business

Beck Construction Co

12. Name

Samuel Beck

13. Birthplace

Chertown, Md

14. Maiden name

Beck

15. Birthplace

Chertown, Md

16. Informant

John C. Beck, Jr

17. Burial

Dec. 8, 1948

(Date rec'd by Registrar)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

St. Paul Cem.

Location near

Chertown, Md.

18. Funeral director

J. Willis Wells

Address

Chestertown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County _____

City or town Chertown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3700 Berry Dr

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 19 48 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 4 to Dec 6 19 48

and that I last saw him alive on Dec 4 19 48

Immediate cause of death

Myocardial infarction

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

19 Dec. 7 19 48

Clara S. Barnes
Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12591

1. PLACE OF DEATH:

County KENT
City or town MASSEY
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 YEARS
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Kent
City or town Massey
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

LEE CARROLL CLARK

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced MARRIED

8.(b) Name of husband or wife LILLIAN COMEGNS CLARK 5.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) NOV. 3, 1875

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace MILLINGTON, KENT, MD
(Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

12. Name DR. ENOCH CLARK

13. Birthplace DELAWARE

14. Maiden name MARY JOHNSON

15. Birthplace KENT CO. MD.

18. Informant LILLIAN CLARK

Address MASSEY, MD

17. Burial Date thereof December 21-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or exhumery Millington Cemetery

Location Millington, Md.

18. Funeral director Edward Fellows

Address Millington, Md.

19. December 18, 1948 Edward Fellows
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1948 at 12:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5, 1945 to Dec. 17, 1948 and that I last saw him alive on Dec. 13, 1948

Immediate cause of death Acute dilatation of heart from long-standing Chm. Myocarditis
Due to Chm. Myocarditis
Due to Acute dilation

DURATION

Sudden
4 years
6 years

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

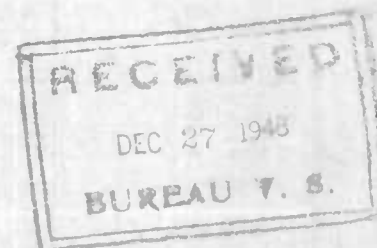
23. SIGNATURE Wm. H. Smith M. D. or other _____

Address Millington Date signed Dec 18/48

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12592

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 days
 Hospital, institution, or street address where death occurred:
Kent and Queen Anns
 How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Joanna Blackiston Everett

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced MARRIED
 6.(b) Name of husband or wife Joseph Everett
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 12, 1875
 8. AGE: Years 73 Months 3 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Queen Anns Co., Maryland
 (Town, county, and state)

10. Usual occupation Homemaker

11. Industry or business

12. Name Joseph Blackiston

13. Birthplace St. Annis Creek, Queen Anns Co. Md.

14. Maiden name Henrietta Everett

15. Birthplace Crompton, Queen Anns Co. Md.

16. Informant Mrs. George Pennington

Address Chestertown Md.

17. Burial Date thereof Dec 7-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chestertown Md

Location Chestertown Md

18. Funeral director Edgar L. Lane

Address Church Hill Md

19. Dec 7, 1948 Clara J. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1948, at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 28, 1948, to Dec 4, 1948

and that I last saw her alive on December 4, 1948

Immediate cause of death Circulatory collapse, general DURATION 48 hrs.

Due to Paralytic ileus 6 days

Due to Intestinal obstruction 7 days

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Intestinal obstruction

Date of op. 11-28-48

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A.C. Wick M. D. or other _____

Address _____ Date signed _____

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DEC 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred:
Lansy Bottom
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chestertown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Lansy Bottom
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Annie Godwin

3. (b) Social Security Number

4. Sex Female 5. Color or race Wh. 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Frank Godwin
 6.(c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) Feb 14 1878
 8. AGE: Years 70 Months 10 Days 9 If less than one day - hrs. - min.

9. Birthplace Mount Vernon, N.Y.
 (Town, county, and state)
 10. Usual occupation House
 11. Industry or business own house
 12. Name Joseph Lavinus
 13. Birthplace not known
 14. Maiden name Catherine Ryan
 15. Birthplace Ireland
 16. Informant Rev Noble Driv'leton
 Address Chestertown
 17. Burial Date thereof Dec 26 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory St. Paul's
 Location Fairlee Ind
Edgar R. Kane
 18. Funeral director Church Hill Ind.
 Address -
 19. Dec 26 19 48 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 19 48 at 3:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 8 19 48 to Dec 23 19 48
 and that I last saw him alive on Dec 21 19 48
 Immediate cause of death cerebral hemorrhage
paralysis & etc
 Due to Hypertension, arteriosclerosis
 Due to chron Endo-myocarditis
 Other conditions -
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -
 Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) - (County) - (State)
 Injured at home, farm, industry, public place (where?) -
 Manner of injury - Injured at work? -

23. SIGNATURE Albert G. Burgard
Rock Hall, Md M. D. 1423/48
 Address - Date signed -

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DEC 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12594

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent
 City or town Scotch Folly - Kennedyville P.O.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? at 3 months
 Hospital, institution, or street address where death occurred:
"Scotch Folly"
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Kennedyville P.O.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. "Scotch Folly" Scotch Folly
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Mary Barber Hunt

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Nancy Hunt

7. Birth date of deceased (mo., day, yr.) Aug. 1 1983 8. (c) If alive, give age 75 years

8. AGE: Years 65 Months 4 Days 9 If less than one day
 hr. min.

9. Birthplace Mifflintown P.D.
 (Town, county, and state)

10. Usual occupation housewife retired

11. Industry or business home

12. Name J. Marshall Barber

13. Birthplace Mifflintown Pa.

14. Maiden name Emma Snodgrass

15. Birthplace Mifflintown Pa.

16. Informant Dr. Harry Hunt (husband)

Address Scotch Folly - Kennedyville P.O.

17. Burial Date thereof Dec. 12, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Shrewsbury

Location Kennedyville, Kent Co. Ind.

18. Funeral director Marion V. Williamson

Address Chesapeake, Maryland

19. Dec. 10 1948 Elizabeth J. McFarland
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1948 to December 10 1948 and that I last saw him alive on Dec 8, 1948

Immediate cause of death Hypertensive and arteriosclerotic heart disease DURATION 1 yr.

Due to

Due to

Other conditions Cerebral thrombosis 6 mos.

Renal calculi 1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theresa Paprocki M.D. M. D. or other

Address Galena, Ind. Date signed 12-10-48

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12595

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Kent
 City or town Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life
 Hospital, institution, or street address where death occurred:
Sharpton

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Sharpton
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Minnie Lynne

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female col married

6. (b) Name of husband or wife Richard Lynne

7. Birth date of deceased (mo., day, yr.) Sept 28 1882
 6. (c) If alive, give age 74 years

8. AGE: Years 66 Months 1 Days 17 It less than one day
hrs.min.

9. Birthplace Rock Hall
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name William Eugene Fulghame13. Birthplace Rock Hall Kent14. Maiden name Jessie15. Birthplace Rock Hall16. Informant John N. Butler

Address Rock Hall

17. Burial, cremation, or removal. Which? Burial Date thereof December 16/48
 (month) (day) (year)

Cemetery or crematory EdenvilleLocation Rock Hall, Kent Co. Ind.18. Funeral director Marvin V. WilliamsAddress Chuturn, Maryland

19. 12/14 19 48 S. Elwood Binger
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1948 at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Dec. 6 19 48 to Dec 13 19 48
 and that I last saw him alive on Dec. 13 19 48

Immediate cause of death

Coronary vascular

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

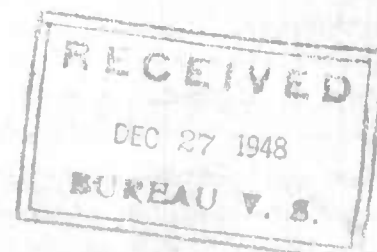
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Leah M. Smith

Address Chuturn Date signed 12/14/48
 M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12596

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
City or town Charleston
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, institution, or street address where death occurred:
E. Kent Circle
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Kent
City or town Charleston
(If outside city or town limits, write RURAL and give nearest town)
Street No. East Kent Circle
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Sydia O. Kelly

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Late John New Kelly
6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 12 1898

8. AGE: Year 69 Months 11 Day 25 If less than one day _____ hr. _____ min.

9. Birthplace Pring, Kent Co. Maryland
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business home

12. Name James Wooleyland

13. Birthplace Queen Anne Co. Maryland

14. Maiden name Apelley

15. Birthplace Kent Co. Maryland

16. Informant Mrs. Eula H. Smith

Address Charleston Maryland

17. Burial Date thereof Dec 8 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Trinity Hall, Kent Co. Md.

18. Funeral director Wm. V. Williams

Address Charleston Maryland

19. Dec. 7 19 48 Clara S. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 19 48 at 4:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 to Dec 1 19 48

and that I last saw her alive on Dec 1 19 48

Immediate cause of death _____ DURATION 10

Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE Franker Smith M. D. or other

Address Charleston Date signed Dec 6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 9 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

12597

Reg. Dist. No. 203

1. PLACE OF DEATH:

County KentCity or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)Street No. Main St
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Clara May Lewis

3. (b) Social Security Number

4. Sex Female5. Color or race W

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Robert Lewis6. (c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) April 25 18868. AGE: Years 62 Months 9 Days 2 If less than one day
hrs. min.9. Birthplace Rock Hall, Md.
(Town, county, and state)10. Usual occupation housework11. Industry or business own home12. Name Charles O. Sweeney13. Birthplace Kent Co, Md.14. Maiden name Catherine Wrie15. Birthplace Kent Co Md.16. Informant hon. Ruth SweeneyAddress Rock Hall, Md.17. Burial Date thereof Dec 29 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Wesley Chapel CemeteryLocation Rock Hall Md18. Funeral director Edgar L. LaneAddress Church Hill Md19. Dec 28 19 48 S. Elwood Ingram
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1948 at 1407 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 6 19 48 to Dec 27 19 48and that I last saw him alive on 12/12/48 19 48

Immediate cause of death

coronary occlusion
coronary sclerosisDue to hypertensionDue to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert G. Burgard M. D. or otherAddress Rock Hall, Md Date signed 12/28/48

RECEIVED

JAN 6 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12598

Reg. Dist. No. 202

1. PLACE OF DEATH:

County StentCity or town Betterton and
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 yearsHospital, institution, or street address where death occurred:
—How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WestCity or town Betterton and
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2(a) If veteran, name war —

3. (a) FULL NAME

Effie Marie Noblette

3. (b) Social Security Number

4. Sex Female 5. Color or race W. 6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife —6. (c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) Jan 19 18968. AGE: Years 52 Months 11 Days 8 If less than one day — hrs. — min.9. Birthplace Morton and
(Town, county, and state)10. Usual occupation Nurse-Housekeeper11. Industry or business —12. Name George W. Noblette13. Birthplace Caroline Co and14. Maiden name Annie R. Starke15. Birthplace Betterton and16. Informant William B. NobletteAddress 3111 White Ave Baltimore 1417. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Dec 30/48
(month) (day) (year)Cemetery or crematory Still Pond andLocation Still Pond18. Funeral director B.R. WellowsAddress Still Pond and19. Dec. 29 1948 Clara S. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1948 at 5:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5:50 P.M. 11/27/48 to death 19
and that I last saw him alive on Dec 27 1948 19Immediate cause of death Cardiac insufficiency DURATION —Due to Excessive adipose tissueDue to Undue exertionOther conditions —

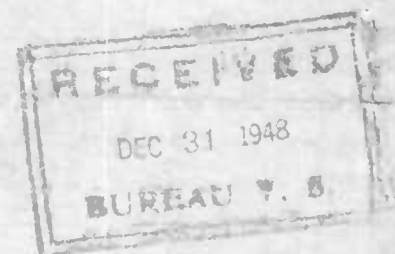
(Include pregnancy within 3 months of death)

Major findings of operations X Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE James Edwin Dedman, M.D. M. D. or other —Address Betterton, Md Date signed 12-28-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12599

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Kent
 City or town Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
Gratitudes Rd.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Gratitudes Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Charles S. Porter

3. (b) Social Security Number

4. Sex m. 5. Color or race White 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Hellie Porter
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 30 1871
 8. AGE: Years 77 Months 5 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Kent Co., Md.
 (Town, county, and state)
 10. Usual occupation Painter
 11. Industry or business retired
 12. Name Thomas Porter
 13. Birthplace Queen Ann's Co., Md.
 14. Maiden name Mary Calaway
 15. Birthplace Queen Ann's Co., Md.

16. Informant Jr. Porter
 Address Inglewicks, Md.
 17. Burial Date thereof Like 7th 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or place of interment Wesley Chapel Cemetery
 Location Rock Hall Md.
 18. Funeral director Edgar L Lane
 Address Belmich Hill Md
 19. 12/3 19 48 S. Elwood Binger
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1948 at 3:57 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1948 to Dec 3 1948
 and that I last saw him alive on 12-3- 1948

Immediate cause of death Broncho-Pneumonia
 Due to Cytophyelalis
 Due to Enlargement of prostate
 Other conditions Acute Endo-myocarditis
edema
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Robert G. Burgard
 Address Rock Hall, Md. Date signed 12/3/48

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DEC 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12600 304

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

MARGIN RESERVED FOR BINDING

9-45-19

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12601

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 weeks
 Hospital, institution, or street address where death occurred:
Kent & Queen Anne Co. Hospital
 How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Worton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3.(a) FULL NAME

George Edwin Sutton

3.(b) Social Security Number

no

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 8.(b) Name of husband or wife Clara Sutton
living 8.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 23, 1878
 8. AGE: Years 70 Months 0 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Kent Co. Maryland
 (Town, county, and state)
 10. Usual occupation Horse trainer
 11. Industry or business local stables
 12. Name JAMES E. SUTTON
 13. Birthplace MD.
 14. Maiden name MARY E. ROBINSON
 15. Birthplace MD.

16. Informant Mrs. Clara Sutton (wife)
 Address Chestertown, Md.
 17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Dec 16, 1948
 (month) (day) (year)
 Cemetery or crematory Still Pond Cemetery
 Location Still Pond, Maryland
 18. Funeral director J. Willis Wells
 Address Chestertown, Maryland

19. Dec. 14, 1948 Clara J. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 19 48 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-15 19 48 to 12-14 19 48
 and that I last saw him alive on 12-14-48 19 48

Immediate cause of death Terminal pneumonia (broncho) DURATION _____

Due to _____

Due to _____

Other conditions Coronary Thrombosis 4-5 weeks

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work? _____

23. SIGNATURE Robert W. Bann M. D. or other _____

Address Chestertown, Md. Date signed 12-14-48

RECEIVED

DEC 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and intelligibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12602

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Port
 City or town Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
Kent Queen Anne General
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Steuersville County Queen Anne
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

Betty Judith Anne

3. (b) Social Security Number

Tanner

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced _____
 6. (b) Name of husband or wife Henry 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Dec 1948
 8. AGE: Years _____ Months _____ Days _____ X less than one day
10 hrs. 50 min.

9. Birthplace Chesapeake Kent, Md
 (Town, county, and state)
 10. Usual occupation Newton
 11. Industry or business Thomas C. Tanner
 12. Name Margaret
 13. Birthplace Myrtle Beach S. Carol
 14. Maiden name Myrtle E. School
 15. Birthplace Nebraska

16. Informant Mrs J. C. Tanner
 Address Mother
 17. Burial Date thereof Dec 12-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or Steuersville
 Location Steuersville Maryland
 18. Funeral director Baker Bros
 Address Centerville Maryland

19. Dec. 12 19 48 Clark S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Dec 11 19 48, at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-11 19 48 to 12-11 19 48
 and that I last saw him alive on 12-11-48 19 48

Immediate cause of death Asphyxia DURATION _____

Due to Prolonged Asphyxia
(Breath extraction)

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Clark S. Barnes M. D. or other _____
 Address Chesapeake Md Date signed 7/4/48

RECEIVED

DEC 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12603

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Kent
 City or town md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Port Hall
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Kent
 City or town Port Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Bertha Helen Tyler

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Fem. White married6. (b) Name of husband or wife Alexander Tyler6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) Feb - 20, 18828. AGE: Years Months Days If less than one day
66 10 8 hrs. min.9. Birthplace Chesfield Md
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name David J. Byrd13. Birthplace Poplar Island14. Maiden name Mary Jane Mason15. Birthplace md.16. Informant Alexander TylerAddress Port Hall Md17. Burial Date thereof Dec. 31-1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Wesley ChapelLocation Port Hall Md16. Funeral director Edgar R. LaneAddress Church Hill Md19. Dec 30, 1948 S. Edward Bonger
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1948, at 70 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1948 to December 28, 1948and that I last saw her alive on December 28 1948

Immediate cause of death

Carcinoma of Left Kidney DURATION 29m

Due to

Melanosis in Lung 6mOther conditions Anemia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or otherDate signed 12/27/48

RECEIVED

JAN 6 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

922

12604

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Kent
 City or town Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
East Neck Island
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. East Neck Island
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Lucy Priscilla Ward

3.(b) Social Security Number

4. Sex female 5. Color or race col 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Lewis Ward
 7. Birth date of deceased (mo., day, yr.) not known - no record
 6.(c) If alive, give age 73 years
 8. AGE: Years about 70-80 years Months Days If less than one day
 about 70-80 years hrs. min.

9. Birthplace Rock Hall, Md
 (Town, county, and state)
 10. Usual occupation house
 11. Industry or business own home
 12. Name Felix Berryman
 13. Birthplace Rock Hall, Md.
 14. Maiden name Sarah Greene
 15. Birthplace Rock Hall, Md

16. Informant Lewis Ward
 Address Rock Hall, Md
 17. Burial Date thereof 12/1-6-48
 (Burial, cremation, or other) (month) (day) (year)
 Cemetery or crematory Sharktown Cemetery
 Location Near Rock Hall Md
 18. Funeral director Edgar L. Lane
 Address Clunch Hill Md
 19. 12/15 1948 S. Elwood Bingen
 (Date rec'd by registrar) Registrar

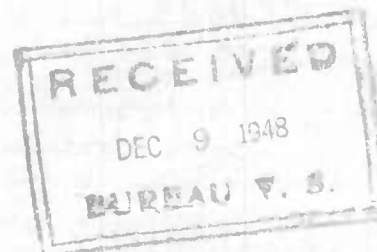
MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1948, at 12:15 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/23 1948, to 12/4 1948
 and that I last saw him alive on 11/3/48 1948
 Immediate cause of death chronic endo - toxic arthritis
Hypertension
arterio-sclerosis
old age
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Robert A. Burgard M. D. or other
 Address Rock Hall, Md Date signed 12/5/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County WestCity or town Rural Millington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WestCity or town Rural Millington
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

Male

5. Color or race:

Caucas

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Harry Whipper

7. Birth date of

deceased (mo., day, yr.)

Aug. 28 1860

8. AGE:

Years 83

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date bereft

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 819 48 at 1²⁰ A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Mar 2619 48, to Dec 719 48and that I last saw him alive on Dec 7 19 48
Immediate cause of death apoplexy.

DURATION

Due to

Arteriosclerosis & Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. Hamilton

M. D. or other

Address

Millington MD

Date signed

12/10/48

RECEIVED

DEC 17 1948

BUREAU Y. B.